

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in  
order of birth stated.

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 165  
Registered No. 91

1. PLACE OF BIRTH

County Gila State Ariz.  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Globe No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child

Pedra Garcia

{ If child is not yet named, make supplemental report, as directed.

3. Sex of Child

To be answered ONLY  
In event of plural  
births.

4. Twin, triplet or other

6. Legitimate?

7. Date

of birth

Month Day Year

Female

5. No., in order of birth

yes

May 13, 1929

8.

FATHER

Full name

Manuel Garcia

9. Residence

(Usual place of abode)

If non-resident, give place and state.

Globe  
Ariz.

10. Color or race

Mex

11. Age at last birthday 45 (Years)

12. Birthplace (city or place)

(State or country)

Mexico

13. Occupation

Nature of industry

miner

14.

MOTHER

Full maiden name

Rosa Cano

15. Residence

(Usual place of abode)

If non-resident, give place and state.

Globe  
Ariz.

16. Color or race

Mex

17. Age at last birthday 35 (Years)

18. Birthplace (city or place)

(State or country)

Rincon  
New Mex.

19. Occupation

Nature of industry

Housewife

20. Number of children of this mother

(Taken as of time of birth of child herein  
certified and including this child.)

8

(a) Born alive and now living

7

(b) Born alive but now dead

0

(c) Stillborn

21. Were precautions taken against oph-  
thalmia neonatorum?

yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive at 5:15 P.m. on the date above stated.  
(Born alive or stillborn.)

Signature

T. C. Harper  
Physician

(Physician or Midwife).

Given name added from  
a supplemental report

Month, day, year

Address

Globe, Arizona

Filed

6/7

1929

E. E. Wightman  
Registrar

Registrar

771-513-936